



Bib Data Sheet


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SERIAL NUMBER 09/432,820	FILING DATE 11/02/1999 RULE -	CLASS 424	GROUP ART UNIT 1642 1636	ATTORNEY DOCKET NO. A-57004-4/RF
APPLICANTS ARCHANA KAPOOR, PARIS, FRANCE ; ANIL MUNSHI, LAJOLLA, CA UNITED STATES ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/099,902 06/18/1998 WHICH IS A DIV OF 08/710,676 09/23/1996 PAT 5,770,719 WHICH IS A DIV OF 08/192,632 02/07/1994 PAT 5,559,011 WHICH IS A DIV OF 07/906,395 06/29/1992 PAT 5,330,754				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENCE GRANTED ** SMALL ENTITY ** ** 12/08/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY FRANCE	SHEETS DRAWING 11	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS		
ADDRESS FLEHR HOHBACH TEST ALBRITTON & HERBERT STE 3400 FOUR EMBACADERO CENTER SAN FRANCISCO, CA 94111				
TITLE MEMBRANE-ASSOCIATED IMMUNOGENS OF MYCOBACTERIA				
FILING FEE RECEIVED 472	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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